









· 3047 S. Robertson Blvd · Los Angeles, CA 90034 · Tel (310) 841-6100

Transition Summer Camp Registration Form

Camper's Name: _____ DOB: _____
 Mother's Name: _____ Cell Ph: _____
 Father's Name: _____ Cell Ph: _____
 Home Address: _____
 City: _____ Zip Code: _____ Home Ph: _____
 Email Address: _____

Calendar of Activities Water, bubbles, and music

	Tuesday	Thursday
Week 1	June 27 	June 29 
Week 2 (Note: this week is Wed & Fri due to holiday)	July 5 	July 7 
Week 3	July 11 	July 13 

The goals of this program are to: ease your child into our classroom routine, start the separation process by creating an anxiety-free environment for your child, and initiate a child-teacher bonding experience.

In order to get the full benefits of the program, attendance for the entire session is required. Furthermore, all children must be accompanied by a caregiver unless your child transitions easily without the caregiver. If you have any questions about this, please contact us to discuss options.

PROGRAM TUITION, HOURS & BILLING INFORMATION

REGISTRATION FEE: \$30 **CAMP HOURS:** 9:00-12:00 **CAMPER AGES:** 18 mos-3 years

Early Bird Special: Sign up before June 2nd before fees increase!

RATES BEFORE JUNE 2 nd :	RATES AFTER JUNE 2 nd :
\$450	\$500

*****CAMP FEES ARE NON TRANSFERABLE NOR REFUNDABLE*****

*Registration fee and payment in full is required in order to reserve your camper's space. Limited enrollment. (Tuition is non-refundable and non-transferable. By enrolling in the program, I accept these registration, tuition and refund terms.) Make all checks payable to "GBCP" for the total fees due and mail in or drop off in preschool office.

Parent Signature: _____ Date: _____

Camp Rate \$_____ + \$30 registration = Total Amt Enclosed \$_____

[Camper Information] (Applies to families not enrolled at Green Beginning)

Camper Name: _____ DOB: _____

Please Circle:

Tetanus shot current? Yes No Hearing Problems? Yes No

Asthma? Yes No Wear glasses or contacts? Yes No

Any relevant allergies Yes No

If yes, explain _____

List Medications and dosage: _____

Any behavioral or medical problems:

Health Insurance: _____ Policy No _____

Group No _____ Dr's. Name _____

Dr's Phone No. _____

Name of the person you want us to contact in case of an emergency _____

Relationship _____ Ph No _____

Release: In case of emergency and I cannot be reached, I authorize Green Beginning Community Preschool (GBCP) staff to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless GBCP Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full financial responsibility for medical care provided to my child in case of an emergency.

Parent Signature _____ Date _____

Authorized Pick Up: List the names, relationship, and phone numbers of the people authorized to pick up your child from camp. All campers must be signed in and out daily with full signatures for licensing and legal purposes.

_____	_____
_____	_____
_____	_____